Based on PTO/SB/05
OMB 0651-0032
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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attome	ey Docket No.	26A-017		,
First In	ventor or Appli	cation Identifier	KANTO et al.	0
Title	SIDE AIRE	BAG APPARA	TUS	. PT

(Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b))

Title	SIDE AIRBAG	. P	
Expres	s Mail Label No.		000

	See MPE		ICATION EL		tion contents.	AD	DRES	SS TO:	Mail S	top Pate	for Patents ent Application A 22313-1450	22856 10/8
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IF.	ONE FILE	ED IN A PRIOR A	APPLICATION IS RE	ELIED UPON (37	C.F.R. § 1.28)			•••	••••••	••••••		
	Conti	inuation lication informa TINUATION or x 4b, is conside	Divisional [ition: Examiner_ r DIVISIONAL A pred a part of the	Continuation PPS only: The disclosure of the pon when a po	n-in-part (CIP)	of prion	or application application or distribution application	cation No plication visional	o:o. Group/Ar n, from wi	t Unit: hich an c	a preliminary amenda bath or declaration is sereby incorporated by re polication parts.	 supplied
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	Name	(Print/type)	David G. P			Re	gistratio	n No. (A	Attomey/Ag	ent)	37,701	
	Signati	ure	T	<i>y</i>	\gg					Date	March 25, 2004	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Alexandra, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, Arlington, VA 22202.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

	Applicant Claims sr	mall e	entity:	status.	See 37	CFR 1	.27

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TOTAL AMOUNT C	F PAYMEN	т	/ ¢ \	810	

Complete if Known						
Application Number						
Filing Date	March 25, 2004					
First Named Inventor	KANTO et al.					
Examiner Name						
Art Unit						
Attorney Docket No.	26A-017					

METHOD OF PAYMENT (check all that apply)	OF PAYMENT (check all that apply)				EE CALCULATION (continued)	
X Check Credit card Money Other None		DDITIO		EES Entity		
Deposit Account	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit Account 50-1147	1051	130	2051	65	Surcharge – late filing fee or oath	
Deposit Account Name POSZ & BETHARDS, PLC	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet	
The Commissioner is authorized to: (check all that apply)	1053	130	1053	130	Non-English specification	
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filling fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after	
to the above-identified deposit account.		,,,,,,,		.,	Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee 770	1255	2,010	2255	1005	Extension for reply within fifth month	
1002 340 2002 170 Design filling fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
, , , , , , , , , , , , , , , , , , , ,	1452	110	2452	55	Petition to revive – unavoidable	
SUBTOTAL (1) (\$) 770	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
Fee from Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee	
Total Claims 19 -20*** 0 × 18 = 0	1503	640	2503	320	Plant issue fee	
Independent Claims 2 -3"= 0 x 86 = 0	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40	Recording each patent assignment per	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	property (times number of properties) Filing a submission after final rejection (37 CFR § 1.129(a))	-
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1203 290 2203 145 Multiple dependent daim, if not paid	1801	770	2801	385	Request for Continued Examination (RCE)	
1204 86 2204 43 **Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination of a design application	
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent		,	•			
SUBTOTAL (2) (\$) 0	Other	fee (spe	cify)			
** or number previously paid, if greater; For Reissues, see above	*Reduc	ed by Bas	ic Filing	Fee Paid	SUBTOTAL (3) (\$) 40	

SUBMITTED BY Complete (if applicable) Registration No. Name (Print/Type) Telephone David G. Posz 37,701 (703) 707-9110 (Attorney/Agent) Signature March 25, 2004

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